

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0016312	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/03/2024
NAME OF PROVIDER OR SUPPLIER WILLOW WINDS IV		STREET ADDRESS, CITY, STATE, ZIP CODE N 348 TWINKLING STAR RD WHITEWATER, WI 53190		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{M 000}	INITIAL COMMENTS On 01/03/2024, Surveyors conducted a verification visit at Willow Winds IV. One deficiency was identified. One of 1 deficiencies was a repeat violation (see Statement of Deficiency (SOD) WV7112 and SOD WV7113). Under statutory provisions of Wis. Stat. Ch. 50, a \$200 revisit fee is being assessed. Census: 4	{M 000}		
{M 276}	88.05(3)(a) HOME ENVIRONMENT An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment. This Rule is not met as evidenced by: Based on observation and interview the provider did not ensure a safe and well-maintained home environment. This is a repeat deficiency from SOD # WV7112 dated 06/15/2023, and SOD WV7113 dated 08/24/2023. Findings include: On 01/03/2024 at approximately 12:34 PM, Surveyor toured the facility and observed the following: 1.) The gutters on the outside of the house were	{M 276}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0016312	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 01/03/2024
NAME OF PROVIDER OR SUPPLIER WILLOW WINDS IV			STREET ADDRESS, CITY, STATE, ZIP CODE N 348 TWINKLING STAR RD WHITEWATER, WI 53190		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
{M 276}	Continued From page 1 leaking water on the walkway creating ice an build up on the sidewalks which were very hard for Surveyor to navigate across to get to the home. 2.) An outlet cover in the living room was broken exposing wires. 3.) A vent in the living room was sticking up with a coax cable running between the vent and the floor. On 01/03/2024 at approximately 12:45 PM, Surveyors interviewed Administrator B. Administrator B stated the gutters have always leaked, and s/he would work on getting them fixed.	{M 276}			